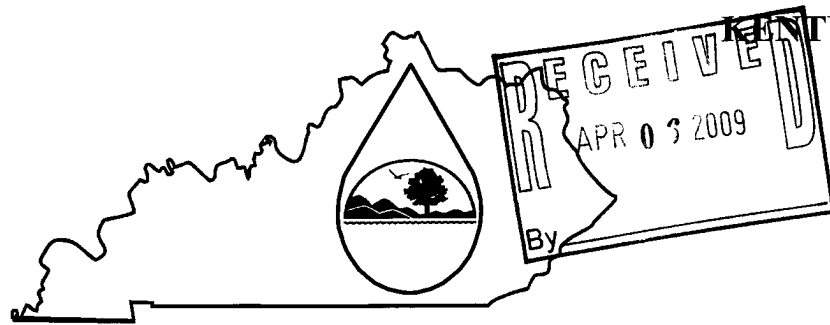


KPDES FORM 1

AK#3980



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 200'

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	00	94	706
A. Name of Business, Municipality, Company, Etc. Requesting Permit Pilot Travel Centers LLC					
B. Facility Name and Location			C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.		
Facility Location Name: Pilot Travel Centers LLC No. 046			Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joey Cupp		
Facility Location Address (i.e. street, road, etc., not P.O. Box): 2929 Scottsville Rd.			Mailing Address: 5508 Lonas Rd.		
Facility Location City, State, Zip Code: Franklin, KY 42134			Mailing City, State, Zip Code: Knoxville, TN 37909		
D. Owner's name (if not the same as in part A and C): Pilot Travel Centers LLC			Facility Contact Telephone Number: 865-588-7488		
Owner's Mailing Address:			Owner's Telephone Number (if different):		
II. FACILITY DESCRIPTION					
A. Provide a brief description of activities, products, etc: This is a truck stop/ fueling facility that conducts retail sales of gasoline and diesel fuel and hosts a convenience store and sub sandwich restaurant.					
B. Standard Industrial Classification (SIC) Code and Description					
Principal SIC Code & Description:		5541			
Other SIC Codes:					

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Simpson	City where facility is located (if applicable): Franklin
C. Body of water receiving discharge: unnamed tributary of West Fork Drakes Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 36 deg 42' 58 "	Facility Site Longitude (degrees, minutes, seconds): 86 deg 31' 37"
E. Method used to obtain latitude & longitude (see instructions): mapping software	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Pilot Travel Centers LLC	Telephone Number: 865-588-7488
Operator Mailing Address (Street): 5508 Lonas Rd.	
Operator Mailing Address (City, State, Zip Code): Knoxville, TN 37909	
Is the operator also the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0094706	Issue Date of Current Permit: 11/01/05	Expiration Date of Current Permit: 09/30/09
Number of Times Permit Reissued: NA	Date of Original Permit Issuance: NA	Sludge Disposal Permit Number: NA
Kentucky DOW Operational Permit #: NA	Kentucky DSMRE Permit Number(s): NA	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	NA	NA
Solid or Special Waste	NA	NA
Hazardous Waste - Registration or Permit	NA	NA

VI. DISCHARGE MONITORING REPORTS (DMRs)
--

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Joey Cupp, Environmental Manager
DMR Official Telephone Number:	865-588-7488

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	Pilot Travel Centers LLC No. 046
DMR Mailing Address:	5508 Lonas Rd.
DMR Mailing City, State, Zip Code:	Knoxville, TN 37909

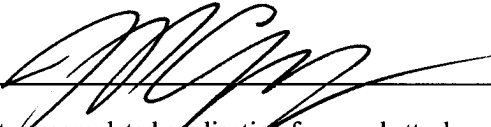
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	200.00

VIII. CERTIFICATION

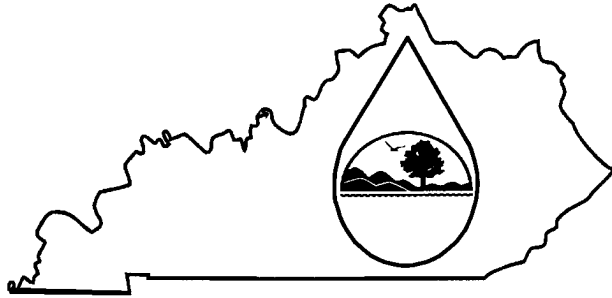
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joey Cupp, Environmental Manager	865-588-7488
SIGNATURE	DATE:
	4-2-09

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

KPDES FORM SC

AI # 3983



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Pilot Travel Centers LLC No. 046

I. FACILITY DISCHARGE FREQUENCY

AGENCY
USE

0 0 9 4 7 0 6

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? Varied

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

This facility hosts an approximated 5,000 gallon oil water separator rated for 200 gallons per minute discharge and designed to drain runoff from 5,000 square feet. This device is protected from flow surges through the inflow pipe by design. The expected maximum flow is based on a maximum 4 inch per hour storm event, although inputs to this device are limited to three water hydrants located at the diesel islands, which flow rates less than 200 gpm.

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system:

MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	42	58	86	31	37	Drainage ditch along Hwy 100; unnamed tributary of West Fork Drakes Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Map coordinates via mapping software			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Diesel island rinse water	<200 gpm	Oil/ water separator	1-H, 4-A

V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☒ Other (list): treated discharge from oil/ water separator

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony		<input type="checkbox"/>	Copper		<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Arsenic		<input type="checkbox"/>	Lead		<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Beryllium		<input type="checkbox"/>	Mercury		<input type="checkbox"/>	Zinc	
<input type="checkbox"/>	Cadmium		<input type="checkbox"/>	Nickel		<input type="checkbox"/>		
<input type="checkbox"/>	Chromium		<input type="checkbox"/>	Selenium		<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)		
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions) N/A	
NAME	ACTUAL POPULATION SERVED
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS

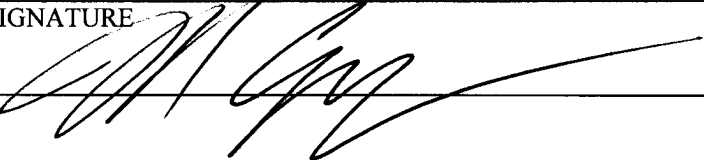
A. Indicate results of analysis for pollutants listed below.

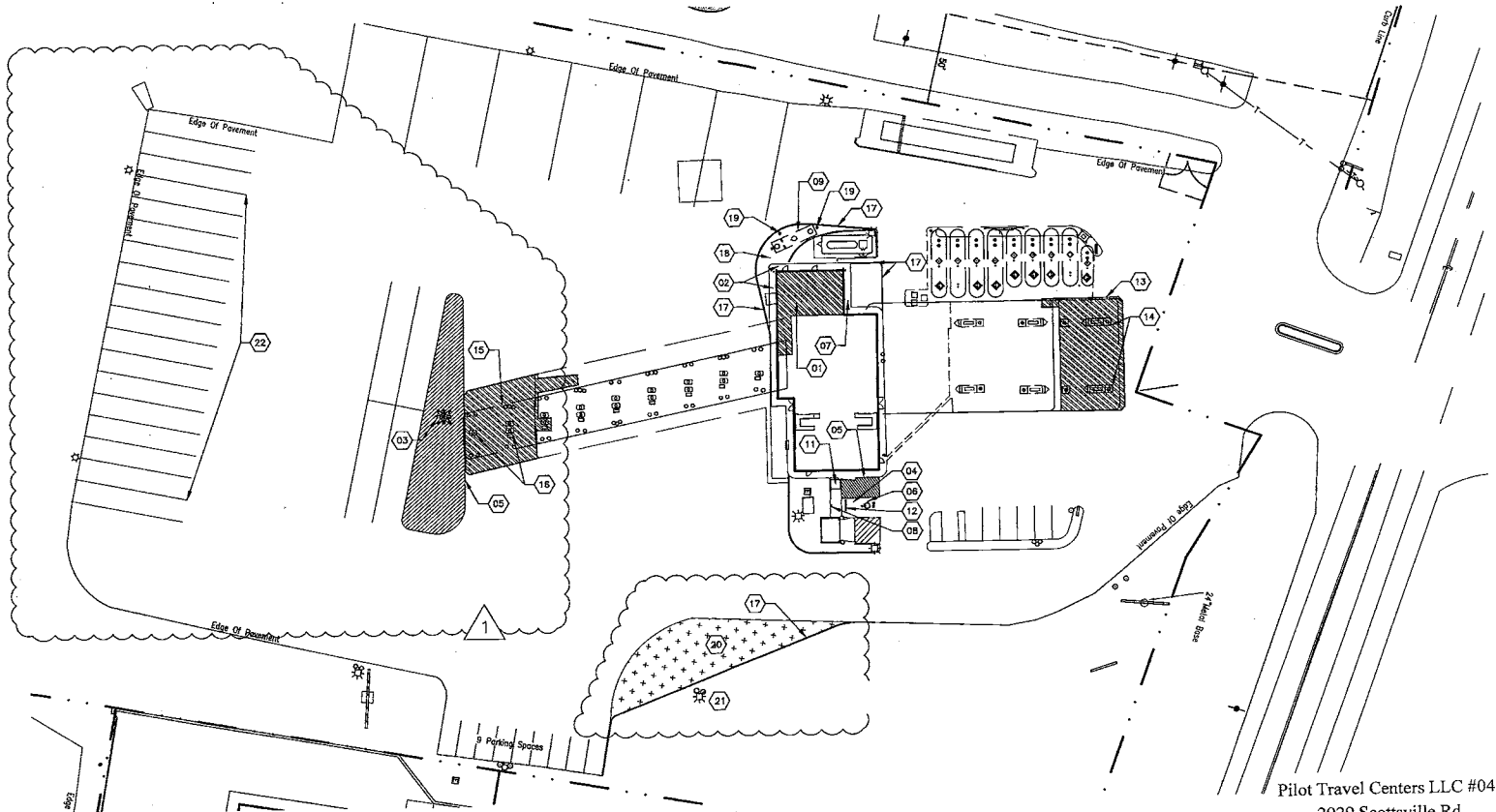
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	10 mg/L		1
TOTAL SUSPENDED SOLIDS	14.4 mg/L		8
FECAL COLIFORM	n/a		
TOTAL RESIDUAL CHLORINE	n/a		
OIL AND GREASE	2.6 mg/L		8
CHEMICAL OXYGEN DEMAND	70.2 mg/L		1
TOTAL ORGANIC CARBON	n/a		
AMMONIA	n/a		
DISCHARGE FLOW	0.043 MGD		6
pH	7.6 std units		7
TEMPERATURE (WINTER)	16.7 oC		1
TEMPERATURE (SUMMER)	n/a		

B. Frequency and duration of flow: Intermittent, variable

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

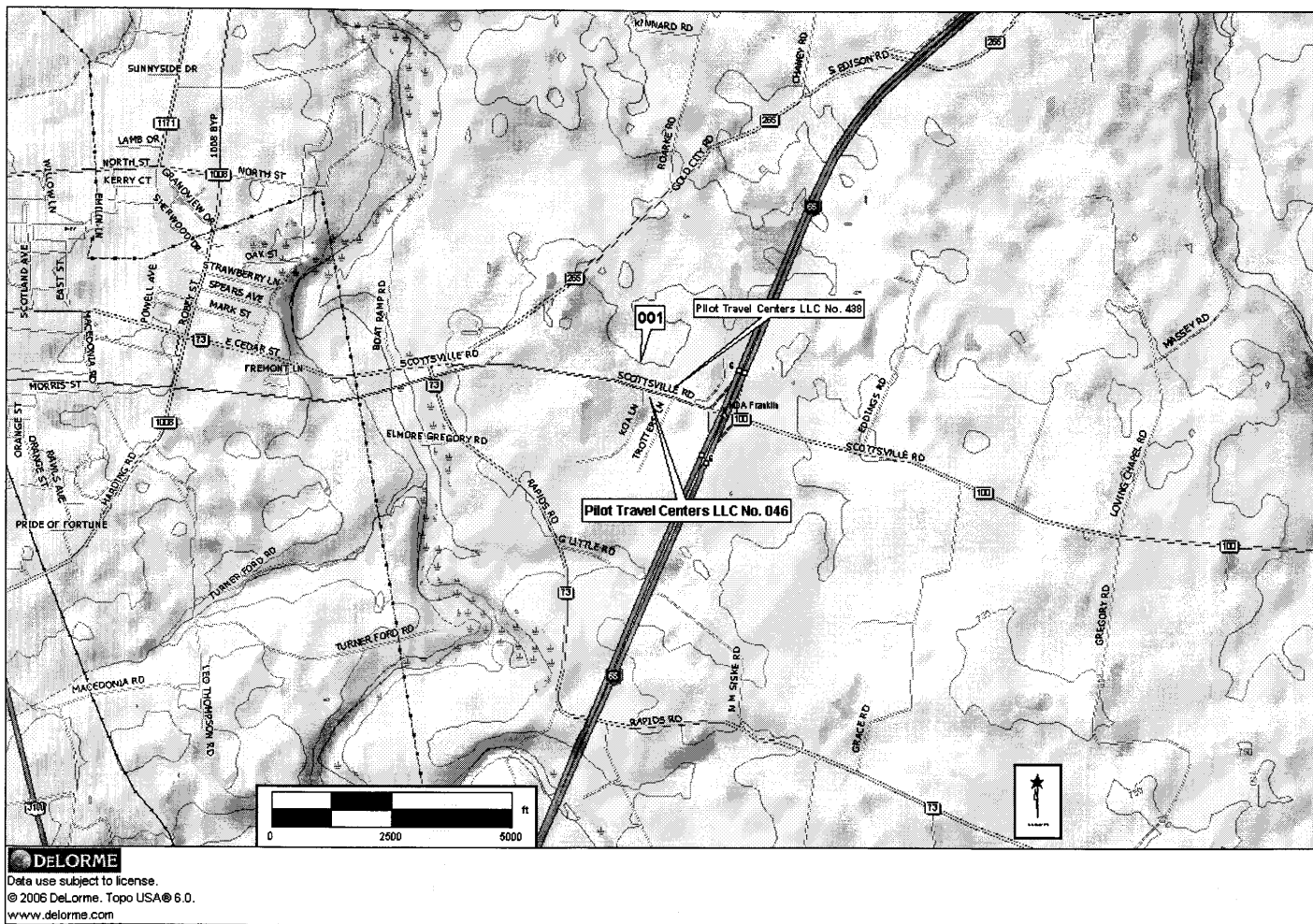
NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joey Cupp, Environmental Manager	TELEPHONE NUMBER (area code and number): 865-588-7488
SIGNATURE 	DATE 4-2-09



SITE PLAN

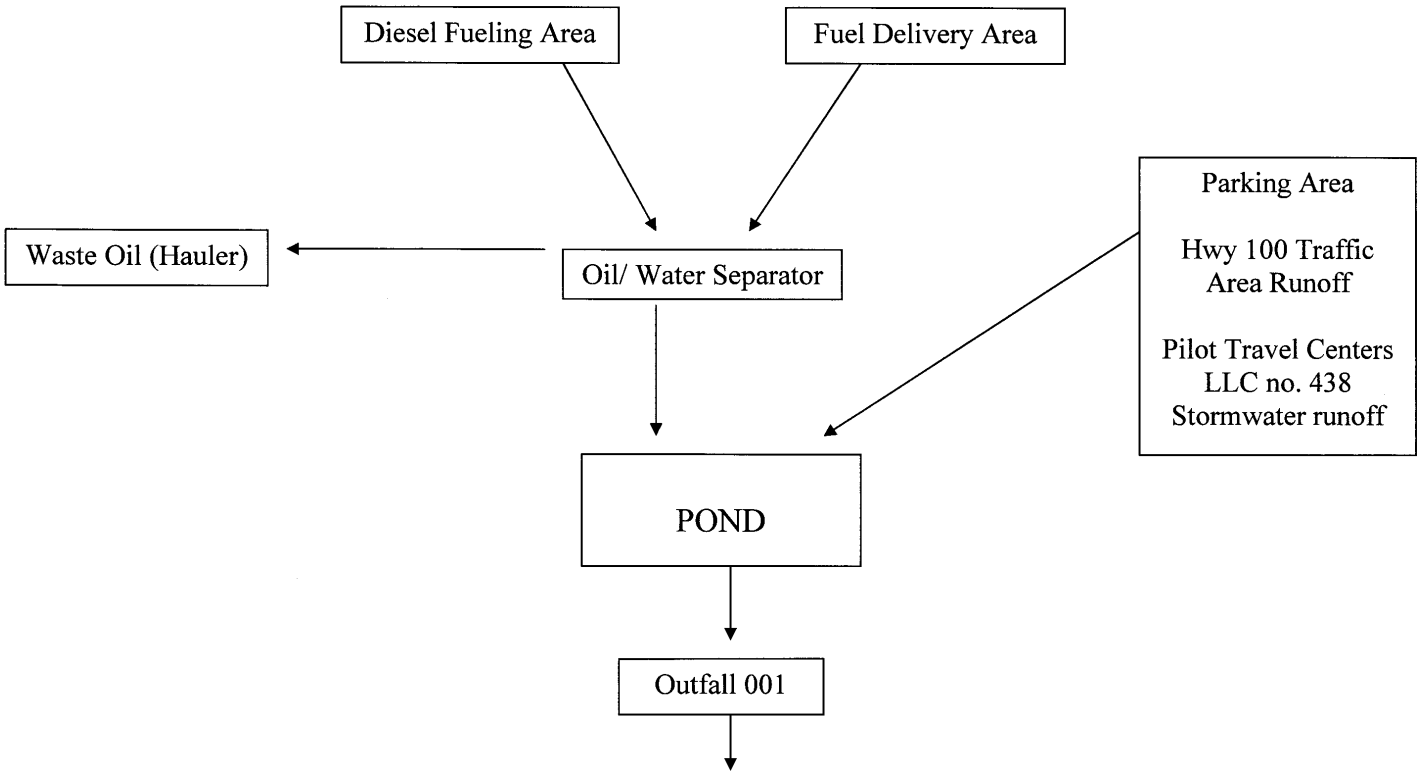
1" = 40'

Pilot Travel Centers LLC #046
2929 Scottsville Rd.
Franklin, KY 42134



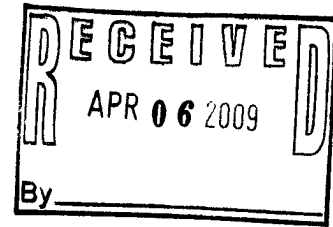
*Pilot Travel Centers LLC # 046
 Franklin, KY
 KPDES Permit Application*

Water Flow Line Drawing
Pilot Travel Centers LLC
046
Franklin, KY





P.O. Box 50636
Knoxville, TN 37950
Phone: (865) 588-5422
Fax: (865) 588-6857



April 2, 2009

Mr. William Shane
KPDES Branch, Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

RE: Pilot Travel Centers LLC #046
KYPDES Permit # KY0094706
Expiring September 30, 2009

CERTIFIED MAIL # 7006 3450 0000 6559 7946

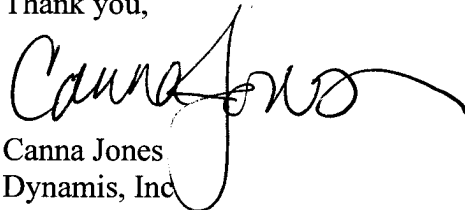
Dear Mr. Shane,

Please receive the attached application forms for the renewal of the KPDES permit for the above referenced facility in Franklin KY. A list of attachments is as follows:

- Form 1
- Form SC
- Site Drawing
- Topographic Map
- Flow Diagram
- Fee Check

Please feel free to contact me with any questions at 865-588-5422.

Thank you,



Canna Jones
Dynamis, Inc.

enclosures

cc: Joey Cupp, Pilot Travel Centers